

EXECUTIVE SUMMARY

Young children and the polycrisis Where to from here?

A Landscape report for
Grand Challenges Canada

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Between 1990 to 2015, we bore witness to remarkable improvements in maternal and child health globally; international actors set ambitious collective goals and celebrated monumental milestones. In the field of early childhood development (ECD), two landmark publications reframed how we define and measure progress. For the first time ever in a global document, **The Global Strategy for Women's Children's, and Adolescents' Health's** three-point agenda—**survive, thrive, and transform**—brought the critical aim of **thriving** into the forefront of child development goals. In an unparalleled agreement, every single UN member state adopted the **17 Sustainable Development Goals** (SDGs), aligning urgent and interconnected areas of progress in the realms of health, education, human rights, food security, gender equality and many more. The SDGs include several goals relevant to early childhood development and education that are critical to the stated goal to “improve the lives and prospects of everyone, everywhere”.

Since 2015, we've pushed forward, maintaining a path of consistent, positive progress towards improving ECD. The field is still, however, marred by uneven progress between the least and most vulnerable children. We're now also under the immense pressure of compounding crises, hindering our advancements. In some places, we're not just slowing down, but losing ground entirely. If we don't act now, we risk leaving a new generation of children without the opportunity to thrive.

This report, commissioned by Grand Challenges Canada (GCC) and the Early Childhood Development Action Network (ECDAN), informs our strategy in a global landscape where the risk of dire backslides in child development milestones could set children and their caregivers significantly behind. In it, we assess the impact of COVID-19 and other recent, major and interlocking crises—the polycrisis—on young children globally, chart the progress made in improving ECD, and preemptively track potential future challenges and offering solutions.



Our Youngest Global Citizens are in Polycrises

Prior to 2020, improvements in a wide range of child development and health indicators were significant, but uneven. Disparities have worsened in **recent years, as the world has experienced a series of independent but still interconnected, interdependent, and near-simultaneous economic, geopolitical, and environmental shocks [2]—termed polycrisis—that have negatively impacted the nurturing relationships, health and well-being, social environments and access to education that every child deserves.** Today, the gap between where children should be and where they are continues to widen.

The converging impacts of the COVID-19 pandemic, extreme weather events, war and conflict, high energy prices, and inflation have stalled, and in some cases, reversed children's progress. Traditionally excluded and the hardest-to-reach children are most at risk in the face of polycrisis: refugees and displaced children, those with protection risks, girls and adolescent mothers, children with disabilities, children with mental health needs, children living in remote areas, child-headed households, and children from minority groups are experiencing the brunt of the devastation.

The COVID-19 pandemic resulted in over 100 million more children descending into poverty—a global increase of 10%.[3] At the height of national lockdowns, over 180 million children globally experienced a disruption to their pre-primary schooling.[7] One report estimates that students could lose up to US\$21 trillion due to the pandemic's exacerbation of learning poverty [8]. Post the 2020 Global Pandemic and ensuing lockdowns, many poorer economies are mired by debt, with development gains backtracking due to increases in malnutrition and stunting [4]; routine vaccination has dropped with implications for mortality, resilience of families and economic growth [5]; and the pandemic has had dire consequences on maternal mental health and parental practices [6] that are vital for caregiver-child attachment.

Climate breakdown has catastrophic impacts on child mental health. Displacement, loss, and increased water and food insecurity [9, 10] put enormous stress on children and their families. It is estimated that the combination of environmental crises and political instability will result in 2.3 billion people living in conflict settings or fragile countries by 2030 [11].

The need for humanitarian assistance has likely doubled in the last five years, with half of all people in humanitarian need (90.3 million) under the age of 18. Despite institutional and private humanitarian funding increasing by 27% in 2022, humanitarian aid agencies are facing unprecedented financing challenges. [12]

Common Elements for Intervention Success: Narrative Review

We conducted a narrative review of ECD publications spanning the past decade to assess our field's achievements and identify key focus points for the future. We searched four online databases: PubMed, EBSCOHost, the Cochrane Database of Systematic Reviews and the Campbell Collaboration. We also utilized the comprehensive systemic review developed for the World Health Organization's 'Improving Early Childhood Development Guideline'[15]. We found a common thread in the literature: evidence-based ECD programs that strengthen nurturing care, promote early stimulation, and target caregiving behaviour and learning opportunities are effective, but there are gaps in our understanding of how these interventions actually work. Content and delivery strategies vary substantially [16], and interventions often include a multitude of elements—parenting skills, relaxation, modelling, positive attention, nutrition etc.—that lack urgently-needed clarity on which components contribute to outcomes [17]. Identifying essential components for early interventions [18] and mapping them to fit specific circumstances (such as child's needs, surrounding contexts, or facilitator expertise) is critical to improve outcomes [19,20].



“Putting Flour in an Oven and Expecting Cake”: Stakeholder perspectives on the state of ECD

Between June and September 2023, we sought perspectives from 17 stakeholders on the present state of child health and development and urgent trends that should shape ECD moving forward. Interviewees included leading academics, researchers in the field, UN agency representatives, and experts in financing and health policy. Respondents were consistent in emphasizing that solutions need to be challenged and deepened to better fit the geopolitical, social, and environmental challenges of our day. Our sector’s tendency to justify one-size-fits-all scaling of interventions by using Randomized Control Trials for instance, is akin to “putting flour in an oven and expecting cake”, as one interviewee described, and sums up many of the interviewees’ views about challenges within ECD research and implementation).

Key interviewee perspectives from our conversations, are summarized from the full report and include:

The ECD field continues to see challenges in terms of its framing, advocacy, and policy buy-in for sustainable impacts.

- **ECD’s framing and definition** is problematic and even incoherent, which presents a barrier to policy and investment. The term is used as shorthand for a developmental **process**, a developmental **outcome**, and even for a **place** (preschool). Participants stated that a coherent framing of ECD is essential for intervention development and appropriate financing.
- **The prevailing framing of ECD is too deeply embedded in Western values.** For instance, the prominent Western focus on developing ‘human capital’ contrasts with values such as social responsibility. Recent criticism [23] also argues that the concept of responsive caregiving may be a predominantly Western construct, and that evidence from HICs is frequently applied

uncritically to LMICs. While some aspects of the recent criticism are somewhat misguided, there is consensus that cultural grounding should be considered at every stage of program and policy development.

There are new and existing threats that continue to provide a challenge for the early years

- Disability** in the early years remains a neglected area. The Nurturing Care Framework, for example, was criticized for not fully accounting for the emotional challenges faced by parents of children with disabilities, and for the framework’s apparent lack of alignment with SDGs 4.2, which champions promoting school readiness toward inclusive education for children under 5 years old with or at risk for developmental disabilities.
- Climate breakdown** is the singular threat to vulnerable children, especially poor children. We have only just begun to understand the full implications of climate breakdown on children.
- The polycrisis** is diverting attention away from early childhood and many actors have reverted to emphasizing ‘surviving’ rather than maintaining a primary commitment to ‘thriving’, despite the fact that many of the factors contributing to this have led to major setbacks in child health and development offsetting many of the improvements from previous years.
- Children requiring protection** are the least empowered politically and for the most part invisible. States rarely take initiative on the issue, and the child protection sector is embroiled in policy conflicts which delay united political action.
- A cohesive delivery system to buffer people from the effects of environmental disruption and conflict does not exist** with the humanitarian sector relying on ad hoc mechanisms. People often remain refugees for many years, affecting their entire childhoods. We need models for both acute and prolonged crises including components of education, health, nutrition, shelter and thriving that apply to all children.

The field has made progress and have opened up new opportunities to scale and sustain interventions

- a. **The global ECD field has expanded exponentially** in the last few decades, with a proliferation of research, policies and programs. Science, particularly neuroscience, plays an important role as an advocacy tool to encourage improvements in ECD. Preschool interventions have made significant progress, while domains such as parenting, childcare, child protection, and disability support are lagging in terms of development and practice.
- b. **Multilateral organizations play an important role in framing and building global governance for improving ECD.** The Nurturing Care Framework (NCF) brought the right actors together, enabling the expression of a unified goal to improve the lives of children globally; the World Health Organization (WHO) has played a central role in consensus building, developing guidelines, sponsoring research, and setting up working groups to guide implementation; and the creation of the Early Childhood Action Network (ECDAN) and its associated regional networks was a major success. There has been, however, an undeniable recent decline in the strength of multilateralism.
- c. **Strong national political leadership is key to ECD improvement.** National health and education ministries have taken increased responsibility for ECD, which has led to the drafting of relevant legislation and corresponding budget allocations.
- d. **Childcare** is a relatively new area of focus driven by global increases in maternal employment. International organisations and researchers currently know little about the characteristics of childcare globally and how its quality can be improved. Childcare centres usually operate in the informal sector, with services provided by family and community members.

Investments have been made into the scaling and integration of interventions that achieve ECD outcomes, with limited success. Lessons include:

- e. **Providing gold standard RCT evidence of integrating interventions to improve ECD into the primary care system have become somewhat of a 'holy grail' in the ECD field.** Recently, several RCT study results have been published showing that this integration did not improve early child outcomes. There is a danger that this might be taken to mean that integration is not possible full stop, and that future initiatives at integration are stopped.
- f. **Randomized control trials (RCTs)** are important evidence-gathering tools, but the evidence from tightly controlled RCTs cannot be assumed to be generalizable or immediately transferable to real-world systems such as health systems. The quest for innovation associated with RCTs and pilot studies should be replaced by contextual adaption and slow change that characterizes systems transformation.
- g. **Taking effective, individual interventions to national scale have not been successful.** Single interventions, that are usually implemented and tested by highly skilled researchers who can control all aspects of training, supervision and implementation, lose effectiveness when scaled into the messy world of a health system. To achieve national scale, governments and organizations cannot look to single interventions but rather need to do the difficult work of improving the quality of existing services, while at the same adding additional services in a slow incremental way. There are no shortcuts.
- h. **Funders in the field of child development** persist in funding short term projects despite understanding the unfolding nature of development across the life-course, in part attributed to their need to demonstrate quick, tangible results to constituencies such as boards. Additionally, the COVID-19 pandemic was a key factor in the de-prioritization of financing, globally and nationally, to improve ECD. New priorities are squeezing children out of the agenda, and the fragmented approach to

improving ECD has resulted in limited appetite for intersectoral financing. While high-income countries are making the shift from investing primarily in higher education towards investing more evenly across all levels of education, in low and middle-income countries the emphasis remains on secondary school and higher education.

- i. **Investments in appropriate indicators and standardized measurements** for both implementation and outcomes are necessary components of national systems integration and transformation. The Global Scales for Early Development (GSED) mark a significant advance in providing a standardized method for measuring the development of children at the population level.



Where do we go from here?

Our youngest global citizens are in a polycrisis, and we can no longer bide our time in improving coverage of early childhood programs and services. This moment urgently requires an approach to policy making, financing and humanitarian response that puts children firmly at the centre. We must commit to reimagining the way our sector thinks about children:

we need to reframe compartmentalized thinking about children's stages of life to favor holistic focus on the whole child as they navigate the life-course; advocate for and invest in systems transformation; and maintain a deep commitment to supporting children to navigate, thrive and emerge from the polycrisis.

Key recommendations from this report

Take urgent and ongoing action on climate breakdown



Climate breakdown is a singular threat to children, and urgent and comprehensive action needs to be taken to mitigate the impact. This should include research on the unique vulnerability of young children; and interventions and systemic change to improve resilience of children, families and communities.

Re-frame the language



The framing of what ECD is and is not must be addressed head on, as current problematic framings are negatively impacting funding, prioritization and policymaking.

Focus on the most vulnerable children



Children in humanitarian settings, children in conflicts, and children with disabilities are amongst the most vulnerable groups within the vulnerable. Global action and financing must prioritize them as a matter of urgency.

Focus on child-care and the informal economy



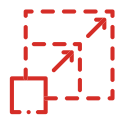
Addressing the issue of childcare is crucial, as is the application of a gender lens so that impacts are multiplicative (e.g. on household income).

Take global action to improve child protection



The child protection sector is massively neglected and in crisis. In all countries, but particularly in low-and-middle-income countries, the ‘invisibility’ of the most vulnerable must be addressed. The only way this will be achieved will be through a radical transformation in how social protection systems are funded and organized globally.

Adopt a new approach to scaling



Scaling interventions have not been successful. New small-scale branded interventions are not needed. While isolating ‘active ingredients’ of interventions could help reduce overlap across a saturated programming field and build a consensus about what works, what we need most is high quality, robust evidence to determine effectiveness of programmes in the real world.

Commit to system transformation



Establish learning partnerships across sectors and disciplines, to avoid fragmentation, and encourage a long-term view of the requirements for system transformation to take place.

Adopt a life-course approach



We need to see children as ‘whole’ and as developing across a life-course, rather than as ‘part-child’ (neonate, toddler, young adolescent etc.). International agencies need to stop siloing children, while philanthropies and donors need to leverage science and evidence to convince their boards that long term investing is essential.

Adopt a new approach to financing



Despite significant progress in advocacy efforts for ECD improvement, sufficient funding has yet to follow. Innovative, sustainable financing models—such as financing for system transformation and child-lens investing—must be explored, must include a long-term component, and must prioritize the youngest children.

Embrace new technology



Digital technologies, including AI, are currently underused and offer important avenues for improving ECD at scale.

